

**DIVISION OF EPIDEMIOLOGY SUGGESTED FORMAT**  
**Generic Foodborne Disease Outbreak Case Questionnaire**

**INTERVIEWER NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**EACH OUTBREAK WILL LIKELY REQUIRE THE DEVELOPMENT OF A SPECIFIC FORM. THIS FORMAT IS PROVIDED AS A GENERAL GUIDELINE, INDICATING MANY OF THE DATA ELEMENTS THAT SHOULD BE ADDRESSED.**

**PLEASE MODIFY THIS FORM FOR SPECIFIC ORGANISM AND LOCAL USE**

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ County: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Parent's Name (if child): \_\_\_\_\_

1. Did you have any of the following symptoms, **if so, indicate onset date and time:**  
**Date of onset** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time of onset** \_\_\_\_\_ ☐ a.m. or ☐ p.m.

Nausea ☐ YES ☐ NO  
Vomiting ☐ YES ☐ NO  
Diarrhea ☐ YES ☐ NO  
Bloody diarrhea ☐ YES ☐ NO  
Abdominal cramps ☐ YES ☐ NO  
Fever ☐ YES ☐ NO

Chills ☐ YES ☐ NO  
Headaches ☐ YES ☐ NO  
Body Aches ☐ YES ☐ NO  
Fatigue ☐ YES ☐ NO  
Constipation ☐ YES ☐ NO  
If yes to Fever \_\_\_\_\_°

2. Other : \_\_\_\_\_
3. Did you see a health professional: \_\_\_\_\_ Date: \_\_\_\_\_ Physician Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Was Culture Obtained: \_\_\_\_\_ Type: \_\_\_\_\_
4. Were you hospitalized: \_\_\_\_\_ Where: \_\_\_\_\_  
Date of Admission: \_\_\_\_\_ Discharged: \_\_\_\_\_
5. Did you take any prescription medication for this illness: \_\_\_\_\_ Name of Drug: \_\_\_\_\_
6. Did anyone in your household have a similar illness: \_\_\_\_\_
7. Do you know of anyone else that had a diarrhea illness in the last week: \_\_\_\_\_  
Who: \_\_\_\_\_ Where do they work: \_\_\_\_\_
8. Did you attend a large social gathering the week before your illness: \_\_\_\_\_

**DIVISION OF EPIDEMIOLOGY SUGGESTED FORMAT FOODBORNE DISEASE CASE QUESTIONNAIRE**

**INTERVIEWER NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

9. Did you travel anywhere during the (7) days before your illness: \_\_\_\_\_  
Where: \_\_\_\_\_ Airline/which one: \_\_\_\_\_ Foods eaten on the plane: \_\_\_\_\_  
If you stayed at a resort, please provide resort name: \_\_\_\_\_
10. Have you had contact with children in a childcare setting: \_\_\_\_\_ Name of facility and child: \_\_\_\_\_
11. In the last (7) days, list exposure to animals and reptiles: \_\_\_\_\_
12. List water source (bottled, municipal tap, private well, untreated water): \_\_\_\_\_

**FOOD HISTORY:** Please repeat the example below to reflect each of the (7) days prior to the onset of the symptoms  
and attach to questionnaire. *If suspect meal has been identified, please attach separate sheet listing known menu and incorporating the following information:*

Days before illness onset: _____ (Day of illness onset = Day 0)	Meal	Ate at home	Ate Outside of home	Outside location	Food eaten	Time eaten
	Breakfast	_____	_____	_____	_____	_____
Day of week: _____	Lunch	_____	_____	_____	_____	_____
Date: ____/____/____	Dinner	_____	_____	_____	_____	_____
	Other	_____	_____	_____	_____	_____

**FOOD CONSUMPTION HISTORY FOR THE LAST (7) DAYS: PLEASE CIRCLE**

<u>Dairy Products</u>	<u>Meat/Poultry</u>	<u>Fruits</u>	<u>Vegetables</u>	<u>Beverages</u>	<u>Other</u>
Buttermilk	Beef	Apples	Asparagus	Apple Juice	Cole Slaw
Cottage Cheese	Chicken	Bananas	Broccoli	Coffee	Onions
Ice Cream	Eggs	Berries	Cabbage	Orange Juice	Pasta
Milk	Fish	Cantalope	Carrots	Tea	Pasta Salad
Sour Cream	Hamburger	Grapes	Celery	Water	Peanut Butter
Yogurt	Lamb	Mangoes	Cucumber	(Bottled or tap)	Potato Salad
	Pork	Peas	Greens	Other: _____	Sprouts
	Shellfish	Strawberries	Lettuce	_____	Other: _____
	Turkey	Tomatoes	Peppers		_____
		Watermelon	Spinach		

For more detailed Foodborne Disease Outbreak Questionnaire, contact the Division of Epidemiology at (502) 564-3261.